

APPLICATION DATA SHEET

10/586816

JAP20 Rec'd PCT/PTO 20 JUL 2006

Application Information

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?:

Computer Readable Form (CRF)? No

Number of Copies of CRF::

Title:: PREMIXING BURNER ARRANGEMENT FOR  
OPERATING A COMBUSTION CHAMBER IN  
ADDITION TO A METHOD FOR OPERATING A  
COMBUSTION CHAMBER

Attorney Docket Number:: 1033275-0000487

Request for Early Publication?: No

Request for Non-Publication?: No

Suggested Drawing Figure::

Total Drawing Sheets:: 3

Small Entity?: No

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Germany

Status:: Full Capacity

Given Name:: Peter

Middle Name::

Family Name:: FLOHR

Name Suffix::

City of Residence:: Turgi

State or Province of Residence::

Country of Residence:: Switzerland

Street of Mailing Address:: Nelkenstrasse 7

City of Mailing Address:: Turgi

State or Province of Mailing Address::

Country of Mailing Address:: Switzerland

Postal or Zip Code of Mailing Address:: CH-5300

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Germany  
Status:: Full Capacity  
Given Name:: Christian Oliver  
Middle Name::  
Family Name:: PASCHEREIT  
Name Suffix::  
City of Residence:: Berlin  
State or Province of Residence::  
Country of Residence:: Germany  
Street of Mailing Address:: Lohengrinnstrasse 29  
City of Mailing Address:: Berlin  
State or Province of Mailing Address::  
Country of Mailing Address:: Germany  
Postal or Zip Code of Mailing Address:: 14109

### **Correspondence Information**

Correspondence Customer Number:: 21839  
Phone Number:: (703) 836-6620  
Fax Number: (703) 836-2021

### **Representative Information**

Representative Customer Number:: 21839

### **Domestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
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This Application	National Stage of	PCT/EP2005/050105	01/12/05
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### **Foreign Priority Information**

<b>Country::</b>	<b>Application Number::</b>	<b>Filing Date::</b>	<b>Priority Claimed::</b>
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Switzerland	00072/04	01/20/04	Yes
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### **Assignee Information**

Assignee Name::	ALSTOM Technology Ltd.
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Street of Mailing Address::	Brown Boveri Strasse 7
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City of Mailing Address::	Baden
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State or Province of Mailing Address::	
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Country of Mailing Address::	Switzerland
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Postal or Zip Code of Mailing Address::	CH-5400
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